PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

	Effective October 1, 2000 Parent APPLICATION FEE DETERMINATION RECORD I Parent APPLICATION FEE DETERMINATION FEE DETERMINATION FEE DETERMINATION FEE DETERMINATION F											
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER SMALL I	THAN
TOTAL CLAIMS			15				F	ATE	FEE	OR	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			15 minus 20=		* .		\ \frac{1}{2}	(\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		*		\vdash	(40=			X80=	
MULTIPLE DEPENDENT CLAIM PRESENT										OR		
* If the difference in column 1 is less than zero, enter					r "O" in c	+135				OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL			OR	TOTAL	710
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST IBER OUSLY	PRESENT EXTRA	Г	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	*	Minus	**		=	>	(\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X40=	40 =		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								135=		OR	+270=	
ļ								TOTAL			TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)	ADI	DIT. FEE			ADDIT. FEE	
В	· .	CLAIMS REMAINING		HIGI	HEST MBER				ADDI-			ADDI-
	; 	AFTER AMENDMENT	,	PREVI	OUSLY	PRESENT EXTRA	F	RATE	TIONAL FEE		RATE	TIONAL FEE
MENDMENT	Total	*	Minus	**		=	,	(\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		 (40=		1	X80=	
lacksquare	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR		
							+	135= TOTAL	<u> </u>	OR	+270=	
										OR	TOTAL ADDIT. FEE	
_		(Column 1) CLAIMS			ımn 2) HEST	(Column 3)	ı					
AMENDMENT C	Section 1	REMAINING AFTER AMENDMENT		NUN PREV	MBER IOUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		(\$ 9=		OR	X\$18=	
WE WE	Independent	*	Minus	***		_		 (40=	-	1	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				T CLAIM		!			OR		1
* If the entering selection of in Land the U.S. A. Charles County MODIC colors O										OR	+270=	
**	** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE											
		nber Previously Pa					r found	in the ap	propriate bo	x in co	olumn 1.	